



## Duke University - Facilities Management Department Aerial Lift and Scissor Lift Inspection Sheet

**Type Equipment:** \_\_\_\_\_ **Unit Number:** \_\_\_\_\_  
**Location Maintained At:** \_\_\_\_\_ **Work Order No., if applicable:** \_\_\_\_\_  
**Inspected By:** \_\_\_\_\_ **Date Inspected:** \_\_\_\_\_

Indicate by initialing "Yes" if item checked is adequate, operational, and safe. Initial "No" to indicate repair or other action is required. Initial N/A to indicate "Not Applicable".

	Yes	No	N/A
<b>Items to be checked</b>			
a. Fuel level (applicable for engine drive only)			
b. Engine oil level (applicable for engine drive only)			
c. Hydraulic system level, visible leaks			
d. Battery, water level, condition, state of charge			
e. Tires, proper inflation, damage			
f. Platform structure, cleanliness, physical condition			
g. Instruction placards, warning placards in place and legible			
h. Eye wash bottle, fire extinguisher (if applicable)			
i. Test the tilt alarm (if applicable)			
<b>From the ground control station (Do all applicable portions):</b>			
a. Raise and lower platform/boom			
b. Raise platform/boom and lower with auxiliary power			
c. Raise platform/boom and lower with manual bleed valves			
d. Telescope out and in			
e. Swing platform right and left			
<b>From the platform control station:</b>			
a. Fasten safety harness			
b. Telescope out and in			
c. Raise and lower platform/boom			
d. Swing right and left			
e. Extend and level outrigger (if applicable)			
f. Drive machine forward and reverse, right and left			
g. Raise platform/boom and descend with auxiliary power			

Note defects found must be repaired prior to equipment use. On completion of inspection, retain this form with the equipment till the end of the workday. Then turn in to immediate supervision for filing.

**Name of Person Making Repairs:** \_\_\_\_\_

**Signature of Person Making Repairs:** \_\_\_\_\_

**Date Repairs Completed:** \_\_\_\_\_